

Service Name	<b>SUBSTANCE USE ASSESSMENT - YOUTH</b>
Setting	Outpatient services are rendered in a professional office, clinic, home or other environment appropriate to the provision of psychotherapy services.
Facility License	As required by DHHS Division of Public Health.
Basic Definition	Screening and assessment for indicators of substance use for which a treatment plan is developed.
Service Expectations basic expectations for more detail see Title 471 chapters 32	<ul style="list-style-type: none"> <li>• A multidimensional individual assessment over five broad levels of treatment that are based on the degree of direct medical management provided, the structure, safety and security provided and the intensity of treatment services provided.</li> <li>• ASAM – The five levels of addiction treatment.</li> <li>• According to the widely used ASAM adolescent placement criteria, there are five basic levels of teen addiction treatment. The five levels of care are as follows: <ul style="list-style-type: none"> <li>○ Level 0.5 – Early intervention</li> <li>○ Level 1 – Outpatient</li> <li>○ Level 2 – Intensive outpatient treatment or partial hospitalization</li> <li>○ Level 3 – Residential or intensive inpatient treatment</li> <li>○ Level 4 – Medically managed intensive inpatient treatment</li> </ul> </li> <li>• To determine an appropriate level of care, professionals look at the situation across six assessment dimensions, which include: <ul style="list-style-type: none"> <li>○ Acute intoxication and withdrawal – looking at how much medical management of withdrawal might be needed, for example.</li> <li>○ Biomedical complications – assessing for other health conditions that might complicate the recovery process.</li> <li>○ Emotional, behavioral and cognitive conditions or complications – looking for other mental health, developmental or behavioral conditions that might complicate the recovery process and lead to a higher level of care requirement.</li> <li>○ Readiness to change – the more ready and motivated for change the lower the treatment intensity that is required.</li> <li>○ Relapse or continued use potential – teens able to control use and maintain abstinence for moderate periods require less intensive treatment than teens unable to stop for even short periods of time.</li> <li>○ Recovery environment – Teens without a safe and stable recovery environment may require higher intensity care, such as residential treatment, to make lasting gains. All initial substance use disorder assessment reports will include the use and results of at least one nationally accepted adolescent screening instrument. An example a nationally recognized tool is the SASSI.</li> </ul> </li> <li>• The Comprehensive Addiction Severity Index for Adolescents (CASI-A) is required to be used as a face-to-face structured interview guide, to be scored and utilized to provide information for the bio psychosocial assessment/substance use disorder evaluation and the multidimensional risk profile.</li> <li>• A comprehensive psychosocial assessment will include all of the following: <ul style="list-style-type: none"> <li>○ Demographics <ul style="list-style-type: none"> <li>▪ Identify provider name, address, phone, fax, and e-mail contact information.</li> <li>▪ Identify the individual's name, identifier, and other demographic information that is relevant.</li> </ul> </li> <li>○ Presenting problem/chief complaint <ul style="list-style-type: none"> <li>▪ External leverage to seek evaluation</li> <li>▪ When was the individual first recommended to obtain an evaluation</li> <li>▪ Synopsis of what led the individual to schedule this evaluation</li> </ul> </li> <li>○ Medical history work/school/military history</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Alcohol/drug history &amp; summary <ul style="list-style-type: none"> <li>▪ Frequency and amount</li> <li>▪ Drug and alcohol of choice</li> <li>▪ History of all substance use and substance use disorders</li> <li>▪ Use patterns</li> <li>▪ Consequences of use (physiological, interpersonal, familial, vocational, etc.)</li> <li>▪ Periods of abstinence/when and why</li> <li>▪ Tolerance level</li> <li>▪ Withdrawal history and potential</li> <li>▪ Influence of living situation on use</li> <li>▪ Addictive behaviors (e.g., gambling)</li> <li>▪ IV drug use</li> <li>▪ Prior substance use disorder evaluations and findings</li> <li>▪ Prior substance use disorder treatment</li> <li>▪ The individuals family chemical use history</li> </ul> </li> <li>○ Legal History <ul style="list-style-type: none"> <li>▪ Criminal history and other information</li> <li>▪ Drug testing results</li> <li>▪ Simple screening instrument results</li> <li>▪ Nebraska standardized reporting format for substance abusing offenders</li> </ul> </li> <li>○ Family / social/ peer history (including trauma history)</li> <li>○ Psychiatric/behavioral history <ul style="list-style-type: none"> <li>▪ Previous mental health diagnoses</li> <li>▪ Prior mental health treatment</li> </ul> </li> <li>○ Collateral information (family/friends/criminal justice) <ul style="list-style-type: none"> <li>▪ Report any information about the individual's use history, pattern and/or consequences learned from other sources.</li> </ul> </li> <li>● Other diagnostics/ screening tools – score &amp; results</li> <li>● Clinical impression <ul style="list-style-type: none"> <li>○ Summary of evaluation <ul style="list-style-type: none"> <li>▪ Behavior during evaluation (agitated, mood, cooperation)</li> <li>▪ Motivation to change</li> <li>▪ Level of denial or defensiveness</li> <li>▪ Personal agenda</li> <li>▪ Discrepancies of information provided</li> </ul> </li> <li>○ Diagnostic impression (including justification) to include DSM</li> <li>○ Strengths of the individual and family identified</li> <li>○ Problems identified</li> </ul> </li> <li>● Recommendations: <ul style="list-style-type: none"> <li>○ Complete III. multidimensional risk profile</li> <li>○ Complete the ASAM clinical assessment and placement summary</li> </ul> </li> <li>● A comprehensive psychosocial assessment is obtained through collateral contacts with significant others or family members to gather relevant information about individual and family functioning and through collateral contacts with former and current healthcare providers, friends, and court contacts to verify medical history, substance usage, and legal history.</li> </ul>
Length of Service	One session
Staffing	<ul style="list-style-type: none"> <li>● Physician</li> <li>● Physician assistant</li> <li>● APRN</li> <li>● Psychologist</li> </ul>

	<ul style="list-style-type: none"> <li>• Provisionally Licensed Psychologist</li> <li>• LIMHP</li> <li>• LMHP</li> <li>• PLMHP</li> <li>• LADC</li> <li>• PLADC</li> </ul>
Staffing Ratio	One staff member to conduct the assessment
Desired Individual Outcome	Completed assessment with treatment planning identified.